

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 2
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. FIRST Terry MI P. NICKNAME LAST SUFFIX		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	ADDRESS / PO BOX; APT / SUITE # CITY; STATE; ZIP CODE 9150 Shepard Dr Beaumont, Tx. 77707		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	AREA CODE PHONE NUMBER EXTENSION (409) 350. 0899		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR Mr. FIRST Daniel MI - NICKNAME LAST SUFFIX OZANE		
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY; STATE; ZIP CODE 1425 Futura St. Beaumont, Tx. 77706		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	AREA CODE PHONE NUMBER EXTENSION (409) 466. 5649		
8 CAMPAIGN TREASURER PHONE	9 REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
9 REPORT TYPE	10 PERIOD COVERED Month Day Year 2 / 5 / 2023 THROUGH Month Day Year 5 / 4 / 23		
10 PERIOD COVERED	11 ELECTION ELECTION DATE Month Day Year 5 / 6 / 23 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 ELECTION	12 OFFICE OFFICE HELD (If any)		13 OFFICE SOUGHT (If known) At-Large (City Council)
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Terry P. Roy</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>375.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>#375.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

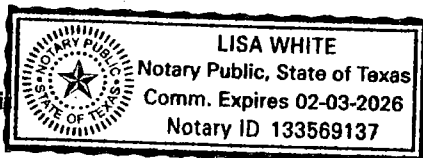
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Terry P Roy this the 6th day of April.

20 23 to certify which, witness my hand and seal of office.

Lisa White

Lisa White

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Terry P. Roy		3 Filer ID (Ethics Commission Filers)
4 Date 2.27.23	5 Full name of contributor Kim Atkins <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 7835 San Bruno St., Beaumont, TX 77708	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2.28.23	Full name of contributor Liz Santiago <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3267 Mohawk Trail, Riverside, Ca. 92503	Amount of contribution (\$) \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2.22.23	Full name of contributor Tracey Derodens <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4127 W. Century Blvd., Inglewood, Ca. 90304	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3.31.23	Full name of contributor Terrence Lassaway <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 2720 St. Helena, Beaumont, TX 77703	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Terry P. Roy</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2.9.23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kimberly Levine</i>	7 Amount of contribution (\$) <i>\$50.00</i>
6 Contributor address; City; State; Zip Code <i>5401 N. Mays St. Apt. 4811, Leontown, Tx. 78626</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2.19.23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Christopher Hooker</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>8727 Desert Cloud Lane, Houston, Tx. 77040</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2.11.23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Connie Vauts</i>	Amount of contribution (\$) <i>\$40.00</i> <i>\$40.00</i>
Contributor address; City; State; Zip Code <i>4525 Bolad St, Beaumont, Tx. 77705</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2.9.23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Carolyn Mitchell</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>950 Spencer Court, Apt. 811, Fort Worth, Tx. 76120</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TERRY P. ROY

3 Filer ID (Ethics Commission Filers)

4 Date

3/14/22

5 Full name of contributor

Sheila Turner

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$20

6 Contributor address;

City;

State;

Zip Code

1425 Washington Village Parkway, Apt 105, Bmt. Tx 77707

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Terry P. Roy

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 375.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0